ARROW for DistrictProfessional Learning Activity:

ACCOUNTABILITY REPORT: REFLECTIONS AND OUTCOMES OF WORK

Documentation of Professional Learning 2009-2010 \*One Form for each Professional Learning Activity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle** | **Soc. Sec. #** | **SAP ID #** |
|  |  |  |  |  |

Professional Learning Activity

|  |  |  |
| --- | --- | --- |
| Keys to Reading | Date(s) Nov. 9,16,& Dec . 7, 14, 2009 | Date Follow Up Due: Jan 11, 2010 |

# **Rationale** (check all that apply, but at least one) **Primary State Focus Area**

|  |  |  |  |
| --- | --- | --- | --- |
| Related to my TARGET (Ind. Prof. Learn. Plan)  Review-Disaggregated Student Achievement Data  Based on SIP Goals  Related To District Strategic Plan Action Plan  Shared Assessment Feedback From Administrator  Specific Initiative- Grade Level/Subject | PDP Requirement  Specified District-Wide Initiative  Certification Needs  Professional Growth Interests  Other  Specify: | Assessment Data Analysis  Sunshine State Standards  Teaching Methods  Classroom Management | Leadership/ Management  Technology  School Safety  Parental Involvement |
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|

\*\*\*THIS SECTION IS TO BE COMPLETED ONLY BY PARTICIPANT! As a result of gains in my knowledge and skill from this professional learning experience,

**I have applied varied principles, concepts, or skills** related to its content, **in the following way(s)** in order to improve student achievement:

|  |
| --- |
|  |

\*\*\*THIS SECTION IS TO BE COMPLETED ONLY BY PARTICIPANT!

**The degree to which my participation in this professional learning activity has had a positive impact on the achievement of my students (i.e., Learning Gains) is best described as…**  Very Significantly  Significantly  Uncertain  Minimally  No Impact Evaluated

**Professional Learning Mechanisms**: (check all that apply, but at least one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action Research Project | Lesson Study Group | Peer Coaching | School Coaching | Professional Learning Community |
| PD 360 or other Web-Based Learning | Independent Study | Workshop |  | Other Specify: |

**Related Follow-Up Process Applied** (check all that apply, but at least one)

|  |  |
| --- | --- |
| **Collaborative Planning** related to professional learning | **Study Group** participation |
| **Participant Product** related to professional learning  (ie: lesson plans, written reflection, audio/video recording, case study, student work samples, etc.) | **Electronic Interactive (ie: Blackboard, FORPD)** |
| **Action Research** related to professional learning (Should include evidence of implementation) | **Electronic Non-Interactive** |

**Follow-Up Verified By:**

|  |  |
| --- | --- |
| Name: Jolene Ahlschwede | Title: HRD Specialist |
| Signature: | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***District* Professional Learning Activity Points Documentation:** | | | | |
| District Professional Learning Facilitator: Jolene Ahschwede | | Department: FDLRS | | Follow Up Due by: Jan. 11, 2010 |
| Facilitator’s Signature: | | MIP Component #: | | |
| Possible Participation Points: 12 | Possible Follow Up Points: 18 | | Total Points Possible: 30 | |
| Participation Points Earned: | Follow Up Points Earned: | | Total Points Earned: | |

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Copy placed in Participant’s School File \_\_\_\_\_\_\_\_

(original sent to District facilitator with follow-up)